

622
9/10/1

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | Bm | | 08-01-01 |
| O.I.P.E. CLASSIFIER | QW | 32 | 8/7 |
| FORMALITY REVIEW | n | 92 | 03/09/0 |
| RESPONSE FORMALITY REVIEW | Zm | 927 | 10-19-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 - Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 9/28/01 |
| 2 | 11/1/02 |
| 3 | 5/12/03 |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

830
 8/08/01
 11/19/01